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CASES IN SURGERY.

[Communicated to the Boston Society for Medical Improvement by J. MASON WARREN, M.D.]

CASE I.—Remarkable Tumor over the Os Frontis, containing Air.—D. B., of Manchester, N. H., applied to me for advice, November 28th, 1861. Four years before, he had received a severe blow on the forehead from a heavy branch of a tree. Great swelling ensued, and he was confined to the house for a week or ten days. The swelling gradually subsided, leaving, however, a sensation of dull pain in the part, accompanied, from time to time, by soreness and tumefaction. In July, 1861, while at work in the hay-field, he was seized with severe headache and other symptoms indicative of cerebral disturbance. Soon after this attack, a tumor appeared over the seat of the original injury, covering nearly the whole forehead. After a great deal of suffering, a discharge of pus took place from the left nostril, affording temporary relief. Subsequently, the tumor became tense again, and was opened with a lancet, which gave vent to a small quantity of matter; a second operation resulted, as he says, in the escape of blood only. His sufferings continued to increase until the date of his visit to me. At this time they were so excessive, and the constitutional symptoms of such a character, as to lead him to the conviction that his case was altogether hopeless. The whole forehead was occupied by an elastic swelling, of the size of half of a large orange, partially divided in the centre by a vertical depression, caused, apparently, by the tendon of the occipito-frontalis muscle. The marginal base of the tumor seemed to be formed by an elevation of bone, about an inch high, as if the tumor had been forced out from within the cavity of the cranium, pushing the bone before it. By pressing firmly upon the upper part of the tumor, irregular masses of bone could be distinguished, some of them loose, others forming bridges under which the fluid contents of the tumor could be forced with a gurgling sound. It was highly resonant on percussion. Air could be readily forced into it from the nostrils, and the tension thus imparted to it remained for a long time, owing,

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probably, to the interposition of a bit of loose tissue, acting like a valve. During violent exercise, also, the tumor generally became inflated.

The diagnosis was a collection of pus, beneath the occipito-frontalis muscle, communicating with the frontal sinuses; but whether it originated from periostitis, or from disease of the diploë, or from a tumor arising within the cranium, appeared doubtful.

Operation, Nov. 30th.—The patient was etherized, and an incision made in the median line large enough to admit the finger. A quantity of air escaped, and the finger, which was passed into the wound, detected the fact that the bone was everywhere in a carious state. The incision was then extended, and crossed at right angles by another, so as to expose a large surface of the diseased bone. The whole external table of the frontal bone was much thickened, and in process of exfoliation. A probe passed readily into the frontal sinus, and from thence, with some management, into the left nostril. The patient, on recovering from the effects of the ether, was able to force air freely through the wound. Blood escaped, also, into the nasal cavities. The apparent elevation of bone around the tumor was not owing to an expansion of the outer table of the skull, as at first supposed, but to inflammatory action in the soft parts; a deception similar to that which is often found to follow blows on the head, causing an appearance frequently impossible to distinguish from a depression of the bone. In the present case the illusion was perfect. A compress was applied between the lips of the wound, which was left open to favor the separation of the necrosed bone. The patient was immediately relieved, and the following night slept better than for six months before. The fifth day after the opération, it was found possible to detach some large plates of bone, which were sufficiently movable to be taken away without violence. In the course of another week the patient went home, entirely free from pain and in good health; it was thought unnecessary to detain him longer in town, as the exfoliation of the carious bone would probably require a long time for its completion.

A month or six weeks later, he made a second visit to Boston, when, after considerable manipulation, another long and thick piece of bone was removed from near the centre of the os frontis. The anatomical appearance of this fragment led to the supposition that it might be made up of both tables of the skull. No bad symptoms followed its removal, and the suppuration of the wound was much diminished by it. His health appeared to be excellent.

Within the last few weeks he has again come to town, on account of a purulent collection under the integuments of the forehead. This being relieved by an incision, loose bone was again removed. It is probable that this process will be repeated until all the diseased bone is detached.

CASES IN COUNTRY PRACTICE.

BY JOHN ELLIS BLAKE, M.D., OF MIDDLETOWN, CONN.

No. III.—HEALING BY GRANULATION.

J. K., a joiner by trade, about 35 years of age, was accidentally run over by a railway train at Berlin station, between Hartford and New Haven. His left foot and ankle were caught under the wheel and reduced to a mere crushed mass, utterly precluding all hope of saving the foot. When called to him, I found him almost in a state of collapse, as some two or three hours had passed since the accident, and the haemorrhage had been profuse. I secured one or two vessels which were then bleeding freely, and disregarding all solicitations to remove the foot then, put the tourniquet in a position to be easily applied, and ordered diffusible stimuli and various outward appliances to rouse the vital powers. At the end of about twenty hours, he seemed to have rallied sufficiently to warrant an operation, and I amputated the foot at a point about two inches above the malleoli, making full and long flaps above and below, in what seemed to be sound and uninjured flesh. I was sorry, however, to find symptoms of sloughing in the upper flap, in about twenty-four hours after the operation, which went on, despite all efforts to prevent it, until the whole flap had dropped off, and, more than that, the tibia was denuded for about an inch. The whole anterior surface of the limb became much discolored, and the ecchymosis, extending to the knee-joint, showed that the soft parts had sustained more injury than at first appeared. Sloughs also established themselves, in patches, upon the other leg, indicating that that, too, had sustained some bruising.

Under general tonic treatment, and local application of disinfectant and stimulant poultices, the sloughs gradually separated, and the process of granulation commenced. The question then arose, could a re-amputation be avoided. The tibia, as before stated, was bare for about an inch. The end of the fibula was also visible. The heavy lower flap, remaining of its original length, unless well supported, had a tendency to drag itself away from below and peel off from the bone. My own opinion was, that a fresh operation was decidedly indicated; but, as the patient was so opposed to it, and wished to see what could be done by waiting, I acquiesced, and began a course of treatment, with a view to favor the efforts of nature in covering the denuded bone. The edge, where the line of demarcation formed, was somewhat crescentic, and here and there irregularly eaten out. The attempt was made, and was successful, to entice the granulations along this edge to spread over the bone. The lower flap was well kept up and maintained in a position to give a good cover for the end of the bone. At the end of several weeks, the granulations from above had formed a flap which could be brought into contact with the lower flap. I then thought of bevelling the sharp angle of the tibia, before attempting to get union, but was an-

ticipated by the natural process, which removed by exfoliation, in one piece, about the same amount of bone as I had intended to take away. The two flaps were then made to unite by diligent scarification of their edges, continued each day for many successive days.

It is now some six months since the accident, and the stump appears well, and seems to be useful. The good firm cushion of the lower flap sustains the ends of the bones, and that above, formed wholly by granulation, seems likely to answer every purpose. This part is quite thin, but gives no trouble in walking with an artificial leg, and, perhaps, never will, as this surface of the tibia is, by nature, subcutaneous.

I relate this case, not presuming to draw from it an inference to apply in other instances of the kind; but merely to show what, with patience, may sometimes be hoped for from the natural reparative powers.

DR. SPOONER ON THE DIFFERENT MODES OF TREATING DISEASE.

[Continued from page 291.]

2. Fever and its Treatment.—The cause of common typhoid fever is an unsettled question. Ages have been spent in searching among the solids for organic changes that may account for its phenomena; and the result has been, the discovery of ulceration, or other abnormal changes in certain glands of the small intestines. No one, I presume, thinks that these morbid changes are the cause of fever; on the other hand, they are to be regarded as manifestations of the disease, as eruptions on the skin are manifestations of measles or smallpox, and ulcers are manifestations of syphilis. I think that the profession may safely come to the conclusion that our common fevers are not the consequence of diseased structure. And before the cause shall be discovered, it will be necessary for them to search among other constituents of the body, and adopt modes of examination different from what have hitherto been pursued.

Continued fevers are not caused by inflammation; but fever symptomatic of inflammation, and typhoid fever, present resemblances and differences, which it may not be amiss to consider in this place. In both, an unusual impression has been made on the dynamic powers. But the impression in the former case is direct, in the latter indirect. In both there is an unusual disturbance both of the nervous and the circulatory systems. Inflammatory fever is the result of a direct impression made upon the skin and mucous membrane of the respiratory organs. Typhoid fever is the result of an impression made upon the dynamic powers through the circulation. In the former case, the impression is commonly made by cold of an unusual amount; the latter by "some miasm, or something hurtful, either generated in the body or introduced from without."*

* Hippocrates, as quoted by Good.

A striking difference is also to be noticed in the use of remedies, in these two affections. If a free perspiration can be excited within a few hours after exposure to cold, the patient can be relieved from any serious trouble. In a typhoid patient, if a free perspiration can be excited at the onset, there also *may be*, for a time, relief, and the physician may flatter himself that his patient is well. But not so; for within twenty-four hours, there will be a return of the febrile symptoms, and the disease will run its regular course. And as the disease advances, the medicines which are found beneficial in purely inflammatory diseases, produce no effect in purely typhoid cases. We have no medicines, upon which we can rely, for arresting this disease. But I have thought that the disease was milder, in cases where free perspiration was produced in an early stage, than in cases where there has been no such perspiration. It is assumed that the cause of typhoid fever exists in the blood, "either ingenerated or produced from without." No direct facts can be produced in support of this opinion; and cases are constantly occurring which can be traced to no apparent cause. Still, this opinion receives support from analogy; as in fevers occurring in malarious districts, in which the cause is evident, and in the more malignant forms of yellow and ship fever, which have had their origin from local causes which are apparent; an instance of which occurred nearly forty years ago in Boston, in the case of the ship *Ten Brothers*. The hold was found to be in a very foul condition, and, if my memory does not fail me, every individual exposed to it was attacked with fever of the most malignant form, and most of them died. In disease incurred during autopsies we have an opportunity of observing the effects of poison in the circulation. It arises from a minute point, usually on the finger; thence it extends to the hand, to the arm; soon its effects can be observed on the brain, finally on the whole system. As the disease advances, there can be observed great prostration of all the powers, alternate chills and heat, pain in the head, back, limbs, loss of appetite, quick pulse, short breath, diminution of the excretions, delirium, coma, and, too often, death. In cases of this sort, supposing the local symptoms could be kept out of sight, and the constitutional symptoms alone be presented to the physician, if he should not call it a typhoid or a typhus fever I think he would be puzzled to find a name for it. Do not cases of this description present, in their constitutional symptoms, an epitome of the worst forms of fever?

The difference between the affection caused by a wound and a typhoid fever, in their origin, is, that the former is produced by inoculation, the latter by gradual inhalation from without, or gradual generation of the poison within. The former is caused by poison sent into the system in a fluid form and in a highly concentrated state; the latter in a gaseous form, much diluted by the atmosphere, or by slow internal development. The former is introduced at a single point of the body, and at a single point of time; the latter, when from without, is introduced by degrees through the whole surface

of the bronchial tubes, and usually comes on insidiously—differing, however, in this respect, in different cases, according to the virulence of the poison. The morbid poison once fairly pervading the system, we see the same disturbance in the nervous and circulatory systems, the same interruption of all healthful functions both of body and of mind, as are to be seen in the severest forms of fever; with this difference, however, that the typhoid fever, being more gradual in its rise and progress, gives birth to a greater variety and succession of symptoms consequential to each other, than the inoculated disease in its rapid course can allow time for the development of.

With this complexity of symptoms, the typhoid patient lingers along through days and weeks of weariness and suffering to himself, and of care and fatigue and anxiety to his friends, and life is reduced to its lowest ebb. At last, the patient ceases to grow worse, and soon improvement can be seen; and after weeks more of languor and debility, the patient is restored to health. And a case of this sort is set forth as a triumph of our art. Is it so? Can such a case be regarded as a triumph, or a subject of boasting? Is it not, rather, a cause of humility, that at this age of the world so little has been done to diminish the sufferings or the mortality from fever!

"We cannot cure fever." "It is, however, curable by itself." "We cure the patient by preventing him from dying." These are the words of Dr. Stokes. In the present state of our knowledge, recovery from a severe attack of fever may be a source of satisfaction to the physician, and creditable to his skill. But I never hear of such cases, or see them myself, without feeling that there is a great want in the medical art, yet to be supplied—to wit, an antidote to the poison which is pervading the system, and causing so much disturbance. I believe that such an antidote exists, and that it will yet be discovered. I believe, where an evil is allowed, a remedy sooner or later will be provided. It will be in vain to look for this remedy among agents intended to restrain or correct abnormal action, or to restore structural changes which have grown out of such action, but among those agents which will have power to counteract, neutralize or destroy the poison, which I believe to be the sole cause of all these troubles.

3. *Cinchona in Intermittent Fever.*—Happily for mankind and for the profession, a remedy has been discovered for one form of fever. Intermittent fever being caused by a miasm which has poisoned the whole system—according to the views presented in this paper—can be cured only by some antidote which will neutralize the poison. This has been found to reside in the bark of cinchona, or its derivatives. In regard to mercury and quinine, Dr. Pereira makes the following remarks:—"The benefit procured in venereal disease by mercury, and in ague by sulphate of quinia, cannot be accounted for by reference to any physiological effects which these substances produce, and our use of them, therefore, is at present empirical." To this remark I would make the inquiries—Do we know more than

two powers in the animal system affecting its functions—viz., the physiological, vital, or dynamic; and the chemical? and must not all action, which cannot be accounted for on physiological principles, be referred to chemical?

4. *Scarlet Fever.*—Thirty years ago, scarlet fever was subjected to the most active treatment. Some were cases of high excitement, and to be treated accordingly. Others were cases of extreme depression or debility, with tendency to putrefaction, and wine and brandy and bark were plied incessantly. Still, many would die in spite of all the doctor *could do*, and others recover in spite of all *he did*. Now physicians are at a stand; and with most, the disease is left to work out its own cure. Mild cases recover, as they ever have done. In the severer cases, some patients recover after much suffering; probably more than when very active measures were adopted. Still the disease continues its ravages; still it swells the bills of mortality to a fearful amount; still it is the dread, both of physicians and of parents; still from all parts of the land the wail of grief arises from homes made desolate, and hearts rent by this foul destroyer. Is there nothing left for the physician to do? Has he reached the "*ne plus ultra*" of the healing art? And is he, in all time to come, to stand by, and with philosophic coolness watch the course of the disease? I cannot think so. On the other hand, it seems to me that the profession would prove themselves unworthy of the trust committed to them, if they cease in their efforts to check or control this dreaded disease. The great cause of failure in the treatment of scarlatina has arisen, in my apprehension, from a false view of its nature. It has been treated as a purely dynamic affection. And yet, to my mind, it evidently is not so. It is neither a disease of excitement nor a disease of depression of the vital powers, nor in any sense, primarily, a disease of the vital textures. But it is a disease arising from a poison, circulating through the system, disturbing its functions, corroding its textures and exciting varied forms of diseased action.

The remainder of this article I wish to devote to the consideration of a single medicine in the treatment of this disease.

Carbonate of Ammonia in Scarlet Fever.—This remedy for scarlatina seems to have attracted but little attention in this country, although several physicians, both in England and Germany, have borne strong testimony in its favor. Dr. Withington was the first physician, of whom mention has been made, who used this medicine in scarlatina; but it was Dr. Peart who particularly directed the attention of the profession to its use.

In *Braithwaite's Retrospect*, Part 24th, January, 1852, page 24th, Article, *Acute Glanders*, by Dr. W. F. Mackenzie, there can be found some valuable suggestions in regard to the use of this medicine. From this article I make the following extracts. "Dr. Withington's mode of administering the medicine, it seems, had proved unsatisfac-

tory in the hands of other physicians. On this point, Mr. Withington remarks, ‘It has been observed that Dr. Peart has no claim to originality in the employment of the subcarbonate of ammonia in the cure of scarlatina, Dr. Withering having used the same remedy many years before; but may there not be almost as much originality in the manner of exhibiting a remedy, as in the first adoption of it? It was an essential part of Dr. Peart’s treatment of scarlatina, that it must be given in a state as strongly stimulating as it can be swallowed. His mode of exhibiting it is contained in the following passage, which is quoted from Dr. Willan.’ “He dissolves two drachms in five ounces of water, and directs his patients to take two teaspoonsfull every two, three, or four hours, according to the urgency of the symptoms.” If the difficulty of swallowing abates, and the patient wish for it, a little cold water may be added to each dose. Cold water or toast-water may be drunk at pleasure. The above remedy was given in every *form* and every *stage* of the scarlatina.” “Some,” he says, “were glowing with universal efflorescence; in some the extremities were swelled; in others, fetid ulcers appeared; in most, the throat was swelled, often ulcerated; but in the most alarming, scorching fever and raving delirium rendered the patient’s situation horribly distressing. Yet, in all these variations of the disease, the volatile alkali was my specific, which I administered to between two and three hundred patients successively and successfully.” “In the year 1803,” says Mr. Wilkinson, “I attended several cases of scarlatina with Dr. Willan and the late Dr. Hamilton. It is well known that the disease raged most fatally during that period, and we lost four of our patients out of five in one family. Never were men more puzzled to know what remedies to adopt. All which Willan in his publications has recommended, were adopted:—emetics, purgatives, calomel, antimony, many other diaphoretics, opium, *wine and acids, bark, blisters, applications of cold water*, all without the least good effect, all without making the least sensible impression upon the disease in any of its stages. About this time Dr. Peart published his ‘Practical Information on the malignant scarlet fever and sore throat,’ in which he describes the wonderful effects of the subcarbonate of ammonia, and considers it endowed with specific power over that disease. Like other practitioners, he was constantly lamenting the loss of his patients by that dreadful malady, till, by his own suggestion, he employed the subcarbonate of ammonia in the manner he describes; and from that moment he did not lose one patient out of three hundred.” “When I read this account,” says Mr. W., “I immediately inquired after the character of Dr. Peart, and finding that he was most respectable both in probity and talent, and engaged in a very considerable practice, I saw no reason to doubt the truth of his statements, and therefore immediately adopted his remedy,” “and I am happy in being able to declare that, from that moment to the present, a space of seven-

teen years, I have not lost a patient (in this disease), and have never had a case of the kind that has appeared dangerous, or that has given me a moment's anxiety."

In the same article, we have the testimony of Mr. Ricordo, of Bow, a gentleman of great ability and very extensive practice. He says, "I am situated in the neighborhood of many schools, which I have the pleasure of attending, and during twelve or fourteen years, in which I have used the carbonate of ammonia (in scarlatina), I have not lost a single patient, out of some hundred whom I have attended."

Such are the strong statements in favor of this medicine in England. In Germany, it is said, it has also been used, and received the approbation of several distinguished physicians. Whether this medicine has been fairly tested in this country, I am not prepared to say. I have heard of several physicians who have used it, most of whom have spoken favorably of it. But I am not aware that any detailed account of cases treated by it has been laid before the profession.

[To be continued.]

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY FRANCIS MINOT, M.D., SECRETARY.

APRIL 28th.—*Hay-Hook Case.*—Dr. JACKSON read the following history, which he had received from Dr. Alfred Hitchcock, of Fitchburg:

"I send you a hay-hook removed after death from a boy about 10 years of age, in Winchendon. The case occurred in May, 1861, in the practice of Dr. Alvan Godding, of that town, and to whom I am indebted for the relic. The boy slid from the hay-mow with his thighs bent on his body, and the point of the hook entered the right thigh on the posterior and inner aspect near the middle, penetrating the muscles, and entering the abdomen under Poupart's ligament by the side of the femoral vessels; passing onward, it pierced the ileum, passed behind the liver, pierced the diaphragm, passed behind the lung, and passed out between the seventh and eighth ribs; the barb caught on the eighth rib, but the point did not penetrate through the skin. The external iliac vein was wounded, and fatal haemorrhage occurred in the abdomen. He died in three hours and a half after the accident. I hastened to see him, in obedience to a telegram, but he was dead before my arrival; and I assisted Dr. Godding in the *post-mortem* examination."

The hook was removed after death; and, the handle having been sawed off, the iron portion was sent to the Museum of the Medical College by Dr. H., and was exhibited to the Society. It resembles the one figured by Dr. Maynard, in the case reported by him in the *Boston Medical and Surgical Journal*, August 13th, 1857; measuring 17 inches in length, and $\frac{7}{8}$ of an inch transversely, and inclusive, across the barb.

APRIL 28th.—*Pyæmia.*—Dr. WARREN reported the following case of pyæmia.

A young, healthy man, 21 years old, who had served with the three months' volunteers, was brought into the Hospital on the 8th of April, 1862, having had his arm not long before caught in a moulding machine, in which a number of knives revolve with great velocity—according to the patient's account, 2500 times in a minute. The flesh and bones were cut through in numerous places, requiring amputation about four inches below the shoulder-joint. The amputation was rapidly performed, and the stump apparently as good as could be desired, the muscles looking very red and healthy. The usual number of vessels were tied. The wound was dressed, after all appearance of oozing had stopped, by being brought nicely together by sutures and bandages. In the course of the night, a sudden and active bleeding took place, requiring the wound to be opened and a vessel tied.

On the following day, he was seized with violent pains in the stump, requiring two or three large doses of laudanum for its relief. On the 10th, the paroxysm of pain was repeated. On the 11th, the pain was so severe that he was etherized, the sutures were removed, and a poultice applied to the wound, with some relief. On the 14th, the pain ceased. On the 16th, he had had the best night since entrance, and seemed better. On the 18th, projecting from the middle of the stump, and at first looking like the bone, a slough was perceived, being in the situation of the biceps muscle. This, on the 22d, separated in a mass of hard twisted muscle, like a bit of twisted rope, about two inches long, leaving the rest of the stump looking quite healthy. On the 23d, very feverish, with chills, and at times delirious. On the 24th, these repeated, with pain over the whole body, and a sensation as if he was burning up inside. The same afternoon he had two severe chills, lasting about an hour each, followed by heat and profuse sweating. In the following night he had another attack of chills, followed, as before, by reaction. On the 25th, he had aching pains over the whole body, with intense thirst and profuse perspiration. Pulse, 134. These symptoms continued till his death, at noon of the 27th.

During the whole of his sickness there was no redness nor tenderness in the course of the lymphatic vessels or veins, and no tenderness of the joints, and the only local symptom of disease was an oppression at the epigastrium and about the sternum. There was no cough, and no physical signs of disease about the chest.

On examination after death, by Dr. Ellis, the lungs were found dotted over with black ecchymosed spots, in the centre of one of which was a purulent deposit. One or two quite large masses of this description were found. The spleen was three or four times its natural size, and much softened—other parts healthy.

Dr. W. attributed the violent attacks of pain in the stump, and the subsequent sloughing of a bit of the biceps muscle, to the great twisting of the muscles and nerves, produced by the rotatory motion of the machine at the time of the injury. This is not infrequently observed after railroad accidents—the muscles, at the point of amputation, appearing to be quite healthy at the time of the operation, but sloughing afterwards, up to the next joint. After the separation of the slough in the present case, the attacks of pain were greatly mitigated, and for some days before his death entirely subsided. The stump appeared quite healthy, with the exception of a slight denudation of the end of the bone.

The appearance of the patient after the attacks of fever had com-

menced, was like that of a person partially asphyxiated—the face pale, blue, pinched, tongue dry. At the commencement of the disease, the body was manipulated everywhere, to discover if any tender spots could be detected, or any of the more usual signs of purulent infection found, but none could be discovered.

MARCH 24th.—*Cases of Extraordinary Fecundity.*—At a late meeting of the Society, the question arose as to how many children had ever been born at one birth. Dr. WARREN remarked that many years ago, while travelling in England, a house was pointed out to him, in which, it was said, were then living five children born at one birth. At a subsequent meeting, Dr. Warren read an abstract of several published cases, as follows:—Ambrose Paré, who may be believed when he quotes from his own experience (Lib. 25th, cap. 3d), states that in his time, in the parish of Seaux, near Chambellay, there was a noble family of the name of de Maldemeure. The wife of the last lord of Maldeumeure gave birth, within a year after her marriage, to twins; the next year she had three children; the third year, four; the fourth year, five; and the fifth year, six. In this last labor she died, and of the six children one survived, and is now lord of Maldemeure.

Another case of six children at a birth is copied from the *Gazette Médicale* into the *American Journal of Medical Sciences* (vol. 12, for the year 1833). “On the 30th of December, 1831, the wife of a man named Dernier Ploson, living in the village of Dropin, in Bessarabia, was delivered of six daughters (the fruit of one pregnancy), all living, and only a little smaller than the usual size of children at birth, with the exception of the last, which was much the least. The mother is not quite 20 years old, and is of a strong constitution. The whole six children lived long enough to be baptized, but died in the evening of the day of their birth. The mother suffered from a severe indisposition subsequent to her confinement, but is now quite well.”

Dr. Garthshore (*Phil. Trans.*, b. 77, 1787) reported a case which occurred in the practice of John Hull, Surgeon. On the 25th of April, 1786, Margaret Waddington, a healthy woman of 21 years, gave birth to five girls. Of these, two were alive, but soon died; one was but recently dead; and the other two were putrid. There were five distinct sacs and cords, but the five placentæ were so fused together as to appear but one. The portions of placenta belonging to the two putrid children were also slightly putrid.

Dr. G. states that in the *Commercium Literarium Norimbergense*, for the year 1731, two cases are reported of five living children at one birth. Of these cases, one occurred in Upper Saxony, the other near Prague.

Dr. G. also states that two foreign medical men, whom he had met in London, related to him cases of five children at a birth, which were said to have occurred near Ghent and near Paris. Of these cases he heard nothing more, and felt in doubt as to the accuracy of the report.

In the list of births recorded in the *Gentleman's Magazine*, two cases are given of five children at a birth. The first occurred October 5, 1736, in a dairy-cellars, in the Strand, London. Three of the children were boys. The other case occurred in March, 1739, at Wells, in Somersetshire. The children, four boys and one girl, were all christened, and reported likely to live.

Two or three of the following cases are quoted from Dr. Paul F. Eve's curious and interesting work of *Remarkable cases in Surgery*.

(*American Journal of Medical Sciences*, vol. iv., 1829.) Case of five children at a birth, furnished by Dr. Weiss, and communicated to the clinique by M. Carus. A woman 27 years of age, of medium stature, who had been married five years, after having given birth to twins two years before, was put to bed with five children. The regular period of pregnancy was past, and nothing in particular occurred, except that the woman felt herself more feeble than usual, with less inclination to eat and sleep. The abdomen had been very much distended, especially on the right side. Movements had been felt, chiefly on the left side. The birth of the first child was very easy, and took place soon after the formation of the watery sac. The others came more slowly, and the last was much the most difficult birth. Each was enclosed in a separate sac, and was immediately followed by its particular placenta. All were born with the head presenting in the first position. The first two were boys, then a girl, next a boy, and then another girl. Not one of the children survived the third day. Their length varied from $15\frac{1}{2}$ to $16\frac{1}{2}$ inches. The second boy weighed less than two pounds. Although all were regularly formed, they did not appear to have attained perfect maturity. With the boys, the cord was 16 inches long, but only 12 with the girls; the pulsation of the cord could scarcely be perceived at the moment of birth. The children had an old look, the voice was tremulous, they slept continually. Their temperature was very low. The mother soon regained her health.—(*Gemeinsame deutsche Zeitschrift für Geburtskunde*.)

(From the London *Lancet*, vol. xxxvii., 1839, page 743.) Case of a woman pregnant with five children. Dr. Evory Kennedy produced five foetuses, with their involucra, the product of a single abortion, at the meeting of the Dublin Pathological Society, held on the 14th inst. The patient had been attended by his late assistant, Dr. Thwaites, and pupils of the Hospital, and the facts of her case were accurately noted, so that deception was impossible. The specimen produced, Dr. Kennedy stated to be the multiparient conception of a female, who aborted when, as she stated, she was three months gone with child. The case was one in which there appeared to be three distinct ova; two of these were twins, the third was single, so that five foetuses co-existed in utero. On examining the preparation, Dr. Kennedy remarked, that, closely viewed, it would be found that those on each side differed from the centre one. Each of the former possessed a common placenta, and membranes common to both, with an intervening septum; but the centre one is distinct and perfect in itself, having its own placenta and membranes. Some persons have been disposed to question the occurrence of these multiparous births; indeed, it must be acknowledged that the popular opinion, and even recorded cases, on the subject, are sufficiently extravagant; as, for instance, the Countess of Hannenberg's case, in which it was stated that 365 children were produced at a single birth. But without taxing our credulity in these cases too far, we have undoubtedly a few well-authenticated instances on record, in which women have given birth to five children at a time. One of these, Guisseppe Califani, occurred lately at Naples; and we have the details of another, which took place in Franklin County, in America, about twelve years ago, recorded by Dr. Paddock. There is also said to be a similar preparation in the British Museum. It is extremely curious and interesting, as connected with

the history of multiparous births, that in this respect Ireland preponderates over all other nations, and that the Irish are unequalled in the ratio of their fecundity. The proportion of twin cases in Dublin is one in sixty; in America (where, it is to be recollect, there is a large number of Irish emigrants), the proportion is one in seventy-five; in London it is one in ninety-one; while in France, "*longo intervalllo*," it is one in one hundred and forty. In proof of the rarity of five twin children, Dr. Kennedy further remarked, that out of 140,000 cases recorded in the Lying-in Hospital of Dublin, there is no instance of five children at a birth. There is one case of four, but none of five. It is a curious fact that in the American case the mother was an Irish woman, and had recently arrived in America. It may perhaps be considered equally curious that in the case detailed by Dr. Kennedy, the father was a man of small stature, aged about 30, without any remarkable personal development, and by trade a tailor! The woman, the subject of the present memoir, whose name is Sarah Hickey, is 28 years of age. She was married about two years ago, and within nine months after brought forth her first child. The conception was uniparient. After the lapse of six months, she again conceived of the foetuses alluded to, and observed that during the pregnancy she increased very rapidly in size, and suffered very constantly from bearing-down, which rendered walking or standing almost impossible. She had constant sickness of stomach—a symptom generally looked on as an evidence of compound pregnancy. As to the abortion, it would appear to have been produced by inordinate distention of the uterus for its period, which, in its turn, led to parturient efforts, as the ova presented no morbid appearance. The foetuses, which are all males, do not appear to exceed the development usually observed about the second month. And as Mrs. Hickey menstruated on the 24th of May, and miscarried on the 26th of August, it is more than probable she over-calculated the duration of her pregnancy. This preparation is in Dr. Kennedy's Museum, in the Dublin Lying-in Hospital.

Dr. Warren stated that he had received the following account from a lady in New York, who had visited the mother and children, of a case of the birth of twelve (12) living children in the space of 42 months (3 years 6 months).

Mrs. M., 32 years old, was married at 14. Her first child died. She then had twins, one of which lived a month, the other six weeks. Then twins again, both of which died. She then had a child who is now a fine healthy girl, 14 years of age. She then miscarried with triplets. Afterwards she gave birth to 12 living children, in the space of about 42 months, in the following order:

July 24th, 1858,	-	-	-	-	-	one (1)
June 30th, 1859,	-	-	-	-	-	two (2)
March 24th, 1860,	-	-	-	-	-	two (2)
March 1st, 1861,	-	-	-	-	-	three (3)
February 13th, 1862,	-	-	-	-	-	four (4)

Total, - - - - - twelve (12)

And in all, 21 children in 18 years.

The woman has never been confined to her bed more than three days after delivery. The children are all remarkably healthy and well developed for their years.

Army Medical Intelligence.

LETTER FROM SURG. JAS. H. THOMPSON—HEALTH OF THE 12TH REG'T
MAINE VOLUNTEERS.

MESSRS. EDITORS.—My last communication was written on our arrival at Ship Island. Since then nearly every man in the regiment has suffered more or less from acclimation, and I propose briefly to note some of the phenomena which have presented themselves at our hospital.

On the second day after our debarkation, twenty-four privates and officers were attacked with diarrhoea and dysentery, and so rapidly the epidemic diffused itself that nearly every man in the command was affected with it during the following three weeks.

The cases of diarrhoea simulated dysentery, and often as early as the second day of disease exhausting quantities of blood were passed at stool, attended with tenesmus, the pulse feeble and frequent, the skin pale and cool, the expression of the features anxious; the tongue often from the first assumed a brownish appearance, and when it threw off its fur, became red, smooth, and gashed.

After a variety of treatment, I found that astringents were of little avail; if the discharge was suddenly checked, it early reappeared in an aggravated form, and yielded only to an alterative treatment.

Simple cathartics of ol. ricini or sulph. magnesiaæ were given at the first presentation of the case, followed by—R. Pulv. opii, pulv. ipecac., gum. camphor, aa gr. i.; hydrarg. pil., grs. ij. M. Ft. pilulæ, given p. r. n. Usually they were given every two, four, or six hours, with rapid amelioration of symptoms, followed by permanent convalescence. Rarely was the treatment continued more than four days, and often but one.

All of these cases recovered. One case assumed the chronic type, and this I treated with alteratives as in the other cases, with the addition of pulv. ipecac., gr. i., every two hours, at the same time giving tonics and stimulants freely: mucilaginous injections were frequently given to allay the tenesmus.

A permanent cure was effected after two weeks' treatment. The diseases most frequent are diarrhoea, dysentery, bronchitis, rheumatism, and typhoid fevers.

I attribute much to change of climate, exposure to night air without proper protection, sleeping on the sand with water only one or two feet below the surface, improperly cooked food, the debilitated state of the command from the sequelæ of rubeola, and the long confinement on ship-board before reaching our destination.

The island is one vast reservoir of pure water, the climate delightful, excepting the sudden changes of temperature attending the "northerns", as the gales are called, when the mercury will go suddenly from 90° Fahrenheit to 40°, the wind blowing a gale, the rain pouring in torrents, and the lightning and its attending thunder terrific: I truly think I have known more vivid lightning to accompany a single southern storm, than all that I have witnessed north during the last half dozen years, concentrated.

The dews are very heavy—by ten o'clock, P.M., the coats of the guards are as wet as though they had been exposed to a shower, and from this cause our tents, which were new when we came here,

now two months since, are mildewed and look like old tents; the tents of the regiments longest here are nearly worthless.

Our typhoid cases have assumed a low type from the commencement. After an alterative we give tonics and stimulants freely, and have been enabled to save three-fourths of the cases.

One case of variola came to us on the last trip of the Steamer Constitution—a man whom we left with continued fever at Fortress Monroe. Four days out, the variolous eruption made its appearance. As soon as it came to the knowledge of the surgeons, he was isolated as well as circumstances would allow, and on arrival here was put into a tent half a mile distant from the encampment; and now, four weeks after, he is returned to duty.

Of the three thousand on board the Steamer, only one, a member of the 4th Wisconsin regiment, contracted the disease from him. He died on the sixth day, of confluent smallpox. There is no fear of any further trouble from it.

Parotitis has been very prevalent among the troops on the Island; we have suffered very little from it.

Heavy marching in the sand has ruptured quite a number, and in a large number has produced varicocele and hydrocele.

From our experience thus far, the following deductions may be made or corroborated:—

1st, Men from cities and large towns bear the fatigue and exposure of camp life much better than those from the country.

2d, Men of medium size better than those stalwart fellows from whom so much was expected before going into service.

There are now sixteen regiments on the Island, and nearly all have had an experience corroborative of the above.

With regard, I am yours,

Ship Island, April 19th, 1862.

JAS. H. THOMPSON,

Surgeon 12th Me. Reg't.

To the Surgeon-General.

{ WILLIAMSBURG, VIRGINIA,

{ May 12th, 1812.

DEAR SIR,—The past week has been one of hard work and interesting duty. Immediately after the battle at this place, we found ourselves at McClellan's head-quarters, in this village (or city), and I was at once placed in charge as senior surgeon of the College Hospital. Dr. Bronson and two Confederate surgeons have assisted me. Mr. Wellman has kept the records and assisted in the dressings. My record yesterday morning made up 275 Union patients and 80 rebels—about one half of whom we sent to Fort Monroe yesterday—and last night we received some 50 more. To-day we expect to send off the remainder, or nearly all of them.

On Saturday I amputated at the shoulder-joint, and my rebel patient is doing well. We have a good many compound fractures, and one very interesting case of head injury, in a rebel captain, by a Minié ball. I removed a portion of the cranium— $1\frac{1}{2}$ inches by 4 inches—with the dura mater, and enough brain to materially diminish his fighting propensities, if he gets well—i. e., if there is any truth in Phrenology—as it was in the locality of "Combativeness." Extracting bullets and dressing flesh wounds and fractures have constituted most of our duties. There were about 1000 rebel wounded, and perhaps half as many Union men here when we arrived. I forgot to say that about thirty special surgeons came with us. Four churches, the Court

House and many private houses in this old aristocratic seat of learning, have been occupied as hospitals. I should think there had been some ten or twelve thigh amputations in the whole corps since I arrived. All the moveable patients in town will go to-day. The "stumps" and a few with mortal wounds will remain, and a few surgeons will be retained to take care of them. Dr. Bronson probably will stay. Unless another battle occurs, I shall be at home in a week from this time. The labor of months has been crowded into the last week, and every surgeon here is worn and tired by the immense amount of work which has suddenly overtaken him. Dr. Tripler and his associate Dr. Smith are quite complimentary of the volunteer corps.

When the "stars and stripes" were raised over my hospital (William and Mary College), the bell was rung merrily, and the guards and troops in the vicinity gave a long and loud hurrah!

I have had no Massachusetts men in my hospital. The 11th and 1st regiment suffered some in the fight.

Yours in haste,

ALFRED HITCHCOCK.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 22, 1862.

ANNUAL MEETING OF THE MASSACHUSETTS MEDICAL SOCIETY.—The annual meeting of our State Society will be held on Wednesday, the 28th instant, at the Hall of the Mechanics' Association, corner of Bedford and Chauncy Streets. The Committee have done wisely in securing this beautiful hall for this occasion, and we hope the attractiveness of the spot may be an added inducement to draw together a full meeting. The usual annual Society dinner will, for financial reasons, be this year omitted. This is the less to be regretted, however, as it will give the members resident in Boston an opportunity for the gratification of their hospitable feelings towards their brethren from without. The occasion promises to be one of unusual scientific interest. Besides valuable communications, which we hear are to be laid before the meeting, the anniversary address promises to be one of great practical importance. We learn from Dr. Bowditch, who is to deliver the annual discourse, that the subject he has chosen as his theme will be "The Topographical Distribution of Consumption, or Locality as a Cause of Consumption in New England." Since his appointment by the Society, eight or nine years ago, as a committee to investigate the causes of consumption in Massachusetts, Dr. B.'s attention has been constantly directed to obtaining facts in relation to this topic, not only from Massachusetts, but other parts of New England. He believes that from these facts he is able to prove the existence of a hitherto unacknowledged law among the causes of consumption in New England, of great practical interest to the profession and to the public. Dr. Bowditch's inquiries, we know, have been very extensive, and he has bestowed a great amount of labor on this work, which he has carried out with his accustomed thoroughness. We feel that nothing more need be said to insure him a worthy audience.

His subject is one of such vital importance to the whole community as well as the medical profession, that we hope to see the audience largely increased by unprofessional listeners.

DRS. CABOT, Gay, Hodges, Homans and Parks, of this city, have returned from their patriotic mission to the vicinity of Yorktown, where they have for some weeks been doing faithful service in the hospitals established at that place. The community at large should know that their services, as well as those of many others of our professional brethren similarly detailed, are rendered gratuitously; the most that the State has been able to do being to supply them with transportation to the field of their labors. We may refer to their mission hereafter.

DR. BENJAMIN CUSHING, of Dorchester, a few days since was detailed by his Excellency the Governor for special service in Virginia, and on his arrival at Fortress Monroe was at once placed by the Medical Director, Dr. Cuyler, in the honorable and responsible post of Surgeon to the Seminary Hospital at Hampton. Mr. John Perry, of this city, medical student, has gone on to fill the place of assistant.

By an unfortunate misprint of a letter we see that our worthy and laborious fellow-townsman, Professor John Bacon, is losing in Europe the credit which belongs to him for his indefatigable labors in one department of animal chemistry. In an elaborate and learned paper on Oxaluria, by Dr. Moritz Smoler, of Prague, translated and published in the Edinburgh Medical Journal for February, full credit is given to Baron of Boston for valuable contributions to what is known on this subject. In every instance where allusion is made to him the same mistake occurs. It is a pity that our modest professor should thus lose, for what sounds like an empty title, the credit which his honest name so rightly deserves.

THE WOUNDED AT FORT DONELSON AND PITTSBURG LANDING.—We take the following extracts from an interesting account of the wounded at Fort Donelson and Pittsburg Landing, communicated to the Chicago Medical Journal by one of the surgeons sent to those places by the Western Sanitary Commission.

"The wounds were of almost every possible variety, and I call up from memory, after the lapse of two weeks, some of those that I saw.

"Two wounds of head by balls, both balls entering brain; one had died and the other would. One struck by passing ball, depressing the skull; I trephined him, but he would probably die. One upper jaw shot out; one lower jaw struck by a ball at symphysis and broken into four pieces, one piece taken out and others very much dislocated by action of muscles. He was a brother of one of our students of 1860-61, who was with him and giving him a brother's care. Erysipelas also broke out in his face; treated with iron locally and iron and quinine internally. In one case a bullet entered the external ear, coming out on the opposite side between the jaws in front of the ramus, cutting the palate severely. In one case a bullet passed between the cesophagus and trachea; in one a bullet entered as the body was stooping, at the lower end of the scapula, coming out on the neck in front, cutting the apex of the lung. Three cases of bul-

lets directly through the lung, all died. Two were of Minié balls—holes very large—and both of them suffered very much. Several wounds of the arm and forearm; one a fracture of the surgical neck by a ball. One ball struck a man lying on his side in the epigastric region, and following between the layers of muscles came out on the back part of the hip. One man was shot directly through the right iliac region, the ball remaining in, and he well enough to be removed home—no seeming trouble. One poor boy, shot directly through the sacrum, suffered terribly, paralyzed bladder, though his bowels moved naturally. Had also another wound through the thigh.

"Very many were shot through the lower limbs; three or four through the knee-joint; two through the ankle-joint. Those through the joints, as inflammation arose, suffered intensely. The wounds made by the balls of different kinds were generally easily distinguishable. The modern Minié ball, from its great size and tearing qualities, will most likely largely increase the mortality from wounds, of those not killed immediately. The inflammation in joints arising from such balls, must need be destructive.

"The wounded were mostly patient and easily satisfied, and grateful for attentions. They seldom complained, and with few exceptions, and these with every reason, made but little noise.

"One soldier named Medland—31st Illinois, Co. B—was in the first instance shot through the knee-joint. He did not give up, but still kept firing. Another ball struck and went the whole length of the thigh—a flesh wound; and still he fired till a ball coming shattered his left arm and stopped his handling his gun. This man then lay on the field two and a half days, without food, drink or shelter, before his wounds were dressed. I had no more resolute man, or more cheerful one, under my care, and he talked happily of the time when he would be well enough to try it again.

"Another almost similar instance of a young man named Broderick, 8th Illinois, first shot through the hips, then arms, and not until a ball broke his gun, and shattered his left hand, did he desist.

"Surgeon Marsh told me that of his two hundred and two wounded and killed, but a single man moaned, and he was shot through the lungs. * * * * *

"The amputations showed a remarkably atonic tendency. None seemed to take on a vigorous healing character. One fine intellectual-looking German, with an amputated limb, was constantly delirious. There seemed no reason, so far as appearances went, why he should not get well, yet he went slowly down, and was in *articulo mortis* when we left him. One case of a German interested me. He was shot under the lower extremity of the left scapula, and I took out the battered ball between the lower border of the larynx and the right sterno-mastoid muscle, directly in front of the vessels. He had spit blood at first and suffered pain, but now seemed to be doing well, eating every meal. When he was asked if he had ever seen fight before, he turned up his shirt, and his scarred body needed no confirmation.

"We found many wounded in the lower extremities. Some accounted for it by the repeated order of Gen. Beauregard 'to fire low—never to kill when they could cripple—that it required two well men to care for each wounded one, while dead men took care of themselves.'

"The battle of Pittsburg Landing was eminently disastrous. I could calculate from the number of wounded on various boats and in Savannah, nearly six thousand, and how many more are in tents and more slightly wounded, I had no means of ascertaining. There were in Savannah, 8 miles below, for the first few days after the fight, twenty-one hundred scattered in twenty different places; all the houses, churches, or places capable of holding them being occupied. These were supplied with seven surgeons. Imagine the services rendered to three hundred freshly wounded men by one worn-out surgeon!"

"The surgeons on our boat worked nobly, and their labors accomplished everything anticipated. Our medical students had a rich treat and a surgical feast."

PROGRESS OF GROWTH ACCORDING TO AGE.—Professor Quetelet has established from his calculations the following positions as regards the inhabitants of Brussels:—1. The most rapid period of growth commences immediately after birth, the infant increasing about two décimètres in the space of a year, 2. The proportionate increase of growth then diminishes as age increases, until towards the fourth and fifth year, when the child attains its maximum of probable life. Thus, during the second year, the amount of growth is only one half of that of the first, and during the third year about a third. 3. From the fourth to fifth year, the increase becomes pretty regular until towards the sixteenth year, *i.e.*, until after the period of puberty, the annual increase being about fifty-six millimètres. 4. After the age of puberty the growth continues to increase, though only feebly. Thus from sixteen to seventeen years it increases four centimètres, and in the two following years two and a half centimètres. 5. The total growth of man does not seem completely terminated at the age of twenty-five years. M. Quetelet also found that the height of the inhabitants of the town exceeded that of the peasantry.—*Union Médicale*.

SULPHURIC ACID A REMEDY FOR DIARRHOEA.—In a letter to the *Medical Times and Gazette*, Mr. William Griffith says that he was the first person to introduce to the profession the treatment of diarrhoea by sulphuric acid, in 1851, showing the successful results of its administration, and that he has since continued its use up to the present time, and has had ample opportunities of confirming his views. Given by itself, it allays thirst, subdues sickness, arrests vomiting, stops the purging; and so rapid is its effects, that it frequently cures by a single dose.

FIFTEEN hundred patients from the Military Hospitals at Yorktown and Newbern have arrived in New York during the past six days. Upwards of twelve hundred of these came on board the Hospital Transports of the Sanitary Commission. The plan of removing diseased and feeble men from the military hospitals in malarious and insalubrious districts like that of the Virginia Peninsula, to the healthy regions of the North, was early and urgently suggested by the Sanitary Commission. Twenty-five hundred patients, it is reported, were made over to the Commission by the Military authorities in a single day, and we are informed that in the brief period of about ten days nearly four thousand patients have actually been removed by their steamers.—*American Medical Times*.

A NEW army hospital in Philadelphia has been commenced, and will soon be finished. The structure will consist, says the *Medical and Surgical Reporter*, of twenty-one one-story lantern-roofed wooden buildings, arranged in four groups, and in form of a parallelogram, 450 by 560 feet, about a central building to be used for offices, doctors, &c. Grass plots, 50 feet wide, will separate the groups, and plots, 25 feet wide, the individual sheds. Each ward will be 150 feet long, 25 feet wide, and 14 feet high, and will contain fifty beds.

MEDICAL MISCELLANY.—A rising young oculist, at present *chef de clinique* at M. Desmarres's dispensary, Dr. Galinowski, has, says the Paris correspondent of the London *Lancet*, with the assistance of M. Charrière, junior, succeeded in constructing an ophthalmoscope, which is likely to become very popular, from the fact that closed shutters and darkened rooms are no longer necessary conditions for its use.—The number of bathers in the Serpentine during the past season was 369,139, and the number of casualties, 52, including 11 cases of attempted suicide, in three of which, unfortunately, the attempt proved too successful.—From the investigations of the scientific expedition despatched by the Swedish Government, to investigate the physical geography of Spitzbergen, it appears that animal life is abundant in these glacial regions at the great depth of 1,250 fathoms.—The Ladies' Military Hospital, for the accommodation of the sick and wounded soldiers, was recently opened in New York. The building occupied is that known as the Infants' Home, corner of Lexington Avenue and Fifty-first Street; it will accommodate about 400 patients.—The Annual Report of the New York Asylum for Idiots, located in Syracuse, shows that at the close of the last year there were 130 pupils in that institution. Of the State pupils connected with the Asylum, 18 have been inmates for more than six years; 11 for five years; 3 for four years and a half; 9 for four years; 4 for three years; 8 for two years and a half; 15 for two years; the remaining 50 having been inmates for a less period than two years.—Dr. J. V. C. Smith, Brigade Surgeon to Gen. Rufus Saxton, U.S.A., the new Military Governor of South Carolina, will sail in the next steamer for Port Royal.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, MAY 17TH, 1862.
DEATHS.

										Males.	Females.	Total.
Deaths during the week,										41	31	72
Average Mortality of the corresponding weeks of the ten years, 1851-1861,										34.6	35.4	70.0
Average corrected to increased population,										77.72

Deaths of persons above 90,									
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Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria.		Males.	Females.	Total.
13	1	2	4	4	0	1	1	0		41	31	72

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.—For the week ending May 3d.

Mean height of Barometer,	.	.	.	30.116	Highest point of Thermometer,	.	.	.	62.0
Highest point of Barometer,	.	.	.	30.466	Lowest point of Thermometer,	.	.	.	28.0
Lowest point of Barometer,	.	.	.	29.928	General direction of Wind,	.	.	.	E.N.E.
Mean Temperature,	.	.	.	47.2	Am't of Rain (inches),	.	.	.	1.03

PAMPHLETS RECEIVED—Researches and Observations on Pelvic Hematocele, by J. Byrne, M.D., M.R.C.S.E., &c.—An Address delivered before the Buffalo Medical Association, April 1st, 1862, by Dr. C. F. Gay, President of the Association.

DEATHS IN BOSTON for the week ending Saturday noon, May 17th, 72. Males, 41—Females, 31—Accident, 5—apoplexy, 1—congestion of the brain, 2—inflammation of the brain, 1—cancer, 1—cholera infantum, 1—consumption, 13—croup, 2—diabetes mellitus, 1—dropsy, 2—dropsy of the brain, 5—drowned, 1—dysentery, 1—epilepsy, 1—scarlet fever, 4—typhoid fever, 2—disease of the heart, 4—homicide, 1—infantile disease, 3—intemperance, 2—disease of the liver, 1—disease of the lungs, 4—marasmus, 1—measles, 3—old age, 1—paralysis, 2—premature birth, 3—rheumatism, 2—syphilis, 1—unknown, 2.

Under 5 years of age, 31—between 5 and 20 years, 8—between 20 and 40 years, 12—between 40 and 60 years, 9—above 60 years, 12. Born in the United States, 45—Ireland, 23—other places, 4.